

TOWN OF READING

REQUEST FOR CERTIFIED ABUTTERS LIST

SUBJECT PROPERTY:

ADDRESS: _____

Assessors' Map Number: _____ Lot Number: _____

APPLICANT/AGENT:

Name: _____

Address: _____

Telephone: _____ Email: _____

Board or Commission for which this request is made (check all that are applicable):

Zoning Board of Appeals:

- ☐ Variance
- ☐ Special Permit
- ☐ Appeal

Community Planning and Development Commission:

- ☐ Site Plan Review
- ☐ Special Permit
- ☐ Subdivision

Conservation Commission:

- ☐ Request for Determination
- ☐ Abbreviated Notice of Resource Area Delineation
- ☐ Notice of Intent

- ☐ Historic District Commission
- ☐ Historical Commission
- ☐ Board of Health
- ☐ Other: _____

Applicant/Agent Signature: _____ Date: _____

The Assessors' office may require up to three weeks in order to process and approve this request.

Authorized Signature: _____ Date: _____
Department of Community Services